



Pre-Elementary Education Longitudinal Study

Early Childhood Teacher Questionnaire

Dear Early Childhood Professional:

Your school district is participating in an important U.S. Department of Education study called the Pre-Elementary Education Longitudinal Study (PEELS). The child named on the label is one of more than 3,000 children nationwide who are taking part in PEELS. This questionnaire is the only source of information about the educational programs and services for this child. Because of this, your participation is vitally important.

Please complete this questionnaire and return it in the postage-paid envelope within 3 weeks. Answer all questions to the best of your knowledge and use your best guess when answering questions for which you are not quite sure of the answer. However, try as best you can to avoid responses that represent complete guesses. If necessary, please consult with colleagues in answering questions. Be assured that your answers will be confidential, and no information will be reported that identifies you, this child, or this school. We have enclosed \$10 as a token of our appreciation.

If you have any questions about the study or the questionnaire, please feel free to call the PEELS toll-free hot line at 1-888-534-8348, send an email to *questions@peels.org*, or visit the PEELS web site at *www.peels.org*.

Thank you in advance for your contribution to this very important study.

Sincerely.

Elaine Carlson Project Director, PEELS

Call the PEELS toll-free hot line: 1-888-534-8348

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0656. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** US Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Special Education Programs, US Department of Education, Switzer Building, Room 4622, 330 C Street, SW, Washington, D.C. 20202-4651.

OMB Control # 1820-0656, Expiration date: 11/30/04

Who should complete this questionnaire?

This questionnaire should be completed by the **teacher or service provider** who **knows the child whose name appears on the label above** and can describe the early childhood program or special education and related services for this child.

•	Can you tell us about the child whose name appears on the label? Yes No
•	Can you tell us about this child's early childhood program? 1 Yes 2 No Can you tell us about special services this child receives (e.g., speech therapy)? 1 Yes 2 No
	you answered NO to ALL three questions: DO NOT COMPLETE THIS QUESTIONNAIRE. PLEASE PASS THE QUESTIONNAIRE ON TO THE PERSON WHO IS BEST ABLE TO DESCRIBE THIS CHILD'S PROGRAM OR SPECIAL SERVICES. you answered YES to ANY of the three questions: PLEASE PROCEED TO SECTION A →



Any question referring to IEPs (Individualized Education Program for a child with a disability) is meant to refer also to IFSPs (Individualized Family Service Plan for a child with a disability) in states using the latter plan for children ages 3 through 5.

Section A:

CHILD'S EXPERIENCE IN YOUR PROGRAM

REM	IINDER: "This child" refers to the child whose name appears on the label.					
11.	Does this child attend an early childhood class with other children? PLEASE ✓ CHECK ONE. 1 Yes → Continue with Question A2 2 No 8 Don't know Go to Question B1					
12.	What are the total numbers of preschoolers with IEPs and without IEPs enrolled in this child's class? PLEASE ENTER ONE NUMBER ON EACH LINE. IF THE CHILD IS ENROLLED IN MORE THAN ONE CLASS, PLEASE RESPOND FOR THE CLASS IN WHICH THE CHILD SPENDS THE MOST TIME.					
	Number of preschoolers with IEPs in child's class Number of preschoolers without IEPs in child's class If "0," go to Question A4					
13.	Among the children without IEPs in this child's main classroom, how many are currently under formal review for special education services? PLEASE ENTER ONE NUMBER.					
	Number of children under formal review					

A4.	How many of the following people are usually in the room during the majority of this child's time in the classroom? PLEASE ENTER ONE NUMBER ON EACH LINE. COUNT EACH PERSON ONLY ONCE. ENTER "0" IF NONE.							
				Number of people				
	a. Early childhood or preschool teachers (not sp	ecial education)						
	b. Special education teachers							
	c. One-to-one assistants or aides assigned to this							
	d. One-to-one assistants or aides assigned to any other child in this child's class							
	e. Early childhood or preschool aides							
	f. Special education aides							
	g. Other specialists or therapists							
	h. Nurse or other medical personnel							
	i. Adult volunteers							
	j. Other							
A5.	Approximately how many TOTAL hours per we your classroom or instructional setting? TOTAL number of hours per week	ek does this chi	ld sper	nd in				
A6.	6. Approximately how much school time per week does this child currently spend in the following settings? PLEASE INDICATE EITHER MINUTES OR HOURS PER WEEK							
		Number of minutes /week	OR	Number of hours /week				
	a. Regular education classroom							
	b. Special education setting							
	c. Therapy setting (office, small room, etc.)							
	d. Nonspecial education setting outside of the classroom specifically for remedial or							
	special assistance							
	e. Home instruction							

A7.	What percentage of the day does this child spend in the following activities?
	THE PERCENTAGES YOU PROVIDE SHOULD TOTAL 100%. PLEASE EXCLUDE TIME FOR
	LUNCH AND RECESS IN CALCULATING PERCENTAGES.

a. Instructional or therapy services outside the classroom	%
b. Adult-directed whole class activities	%
c. Adult-directed small group activities	%
d. Adult-directed individual activities	%
e. Child-selected activities	%
f. Other (Specify:)	%

A8. What kinds of activities and materials are routinely available to this child in your classroom or program? PLEASE CHECK ALL THAT APPLY.

	Activity code
a. Arts and crafts projects and materials, clay, or playdough	01 🔾
b. Blocks, Legos, K'nex, other building toys	02 🔾
c. Sand and water play	03 🔵
d. Playhouse, toy kitchen, dishes, plastic food	04 🔾
e. Dress-up, costumes, puppets, theater props	05 🔾
f. Children's books and magazines	06 🔾
g. Sensory table (e.g., cornmeal, beans, and other tactile materials)	07 🔾
h. Paper, coloring books, crayons, pencils, pens	08 🔾
i. Playground equipment (e.g., climbing structure, swings, trikes or bikes, digging tools)	09 🔾
j. Balls (of various sizes), Nerf-style toys, sports equipment	10 🔾
k. Computer and software	11 🔾
l. Video games	12 🔾
m. Board games	13 🔾
n. Toys: vehicles and work machines (e.g., cars, trains, trucks, backhoe loaders)	14 🔾

	Activity code
o. Toys: tools (e.g., hammer, stethoscope, cash register, cell phone)	
p. Dolls and stuffed animals	16 🔾
q. Commercial toys (e.g., action figures, Barbie)	17 🔾
r. Commercial educational toys (e.g., light-bright, puzzles, sorting cups, bead stringing)	18 🔾
s. Musical instruments	19 🔾
t. Tape or CD player with tapes and CDs	20 🔾
u. Nap/rest time	21 🔾
v. Breakfast	22 🔾
w. Lunch/snack	23 🔾
x. Hot lunch	24 🔾
y. Commercial television/videotapes	25 🔾
z. Educational television/videotapes	26 🔾
aa. Flashcards	27 🔾
bb.Counting and number materials	28 🔾
cc. Alphabet and language materials	29 🔾
Of the items specified earlier, what three activities or materials do engage in most often in your classroom or program? Do not incluUSE THE ACTIVITY CODE THAT CORRESPONDS WITH THE ACTIVITY	ude meals or naps. Y FROM A8.
	code from list
a. Most frequent activity	

A9.

,	Activity code from list		
a. Most frequent activity			
b. Second most frequent activity			
c. Third most frequent activity			

continued >

	_	g play time, how does this child compare with other children in the class in of physical activity? PLEASE CHECK ONE.
		A lot less active than most
	2 ()	A little less active than most
	~	About the same as most
	_	A little more active than most
	5)	A lot more active than most
	-	ared to his/her classmates, how many friends does this child have in lassroom? PLEASE CHECK ONE.
1		Far fewer than most
2	2)	Fewer than most
3	3	As many as most
	_	More than most
5	5)	Far more than most
F 1 2 3	PLEASE 1 O 2 O 3 O	Not very appropriate Not at all appropriate
		of the following methods do you commonly use to assess how well this child g in your class? PLEASE CHECK ALL THAT APPLY.
C	01 🔾	a. Impressions based on experience with child and written notes about specific events
(_	b. Direct observation with general anecdotal notes
(03 🔾	c. Direct observation with checklist of skills
(\sim	d. Direct assessment or testing
(e. Video/audio recording
C	\sim	f. Portfolios of children's work samples
	\sim	g. Other (Specify:)
(_	h. Child progress is not formally monitored
9	98	i. Not sure

A14.		o you communicate with the parents or guardians of this child? CHECK ALL THAT APPLY.
	01 🔾	a. I give parents regular written progress reports.
	\sim	b. I call them on the phone, send email, or send notes home.c. I speak with parents before or after school when this child is being dropped off or picked up.
	04 🔾	d. We have regularly scheduled parent-teacher meetings.
	05 🔾	e. We share a daily or weekly journal for this child.
	06)	f. There is a regular system for communicating with parents (e.g., newsletter or phone tree).
	07 🔾	g. Parents have access to the school's web site with information specifically for parents.
	08 0	h. Other (Specify:)
A15.	or guar progre	g this school year, approximately how often have you and this child's parents rdians communicated (by phone, in person, or in writing) about his/her ss, excluding routine progress reports or report cards? PLEASE CHECK ONE. At least once a week A few times a month About once a month Less than once a month Never
A16.		nvolved is this child's parent or guardian in his/her school experiences nonitoring homework or child's progress in school)? PLEASE CHECK ONE.
	1 🔾	Not at all involved
	2 🔾	Not very involved
	3 🔾	Fairly involved
	4 🔾	Very involved
	8 🔾	Don't know

		Rank 1, 2 Use each nu only onc
a.	We assume that children learn naturally when they are developmentally ready. The interest of the child and age appropriateness of skills are emphasized in determining program content.	
b.	We believe that teaching children the knowledge and skills they need to succeed in school is critical. Structured learning experiences in academic content areas are a central part of the program.	
c.	We emphasize principles of behavior modification and precision teaching. Target behaviors are specified and skills are sequenced and taught using strategies such as modeling, prompting, fading, and reinforcing of successive approximation.	
d.	We combine developmental theory with a behavioral model to identify target behaviors and use behavioral strategies when appropriate.	
e.	We emphasize the way individual children and parents/guardians influence each other's behavior. Interventions target primarily the parent/guardian, who is taught to interpret the child's behavior and respond appropriately.	
f.	We focus on a child's medical diagnosis and concentrate on therapeutic interventions.	
g.	We recognize that the child is a member of a family system and base services on the perceived strengths and priorities of family members.	
h.	Other (Specify:)	
1 A 7	here was this child enrolled or receiving services 1 year ago? PLEASE	(CLIECY (
1 (Fract same setting as now	
2 (Same school setting but different classroom Go to Question A	\23
2 (Same school setting but different classroom Not sure, don't know where child was Go to Question A	A23
. (Some other program or at home Continue with Question A	110

A17. The following are statements commonly associated with various educational

with this child?

philosophies. Which three statements best describe your approach to working

A19. Which of the following strategies were used **before** the child started in your program in order to support this child's transition **into** your school, program, or classroom? PLEASE

CHECK ONE IN EACH ROW.

	Yes	No	Don't know
a. You received the child's previous records.	1 🔾	2 🔾	8 🔾
b. The sending program provided information about this child.	1 🔾	2 🔾	8 🔾
c. Someone from your program provided parents with written information about your program.	1 🔾	2 🔾	8 🔾
d. Someone from your program called the child's parents.	1 🔾	2 🔾	8 🔾
e. The parents or guardians of this child were encouraged to meet the staff before the child entered the school or program.	1 🔾	2 🔾	8 🔾
f. This child and family visited your classroom or school.	1 🔾	2 🔾	8 🔾
g. Someone from your program visited the child's home.	1 🔾	2 🔾	8 🔾
h. Someone from your program visited the child's previous setting.	1 🔾	2 🔾	8 🔾
i. Someone from your program met with staff of the sending program specifically about this child.	1 🔾	2 🔾	8 🔾
j. Someone from your program participated in IEP development for this child.	1 🔾	2 🔾	8 🔾
k. Your staff developed preparatory strategies specifically for this child (e.g., behavior plans, school scheduling modifications, etc.).	1 🔾	2 🔾	8 🔾
l. Other (Specify:)	1 🔾	2 🔾	8 🔾

child	adequate were the planning and support that were provided to this and his/her family during the transition into your class or program? E CHECK ONE.
_	·
1 ()	Extremely adequate
3 🔾	1
4 ()	, 1
4	Transition planning and support were not needed for this child or family
8 🔾	Don't know
	at extent were you involved in planning this child's transition into your class ogram? PLEASE CHECK ONE.
1 🔾	Not at all
2 🔾	Somewhat
3 🔾	Extensively
4 🔾	Not applicable — transition planning not done
PLEAS 1 O 2 O	easy was it for this child to make the transition into your class or program? E CHECK ONE. Very easy Somewhat easy Somewhat difficult Very difficult
•	ou anticipate that this child will be involved in any of the following
transi	tions at the end of this school year? PLEASE CHECK ONE.
1 🔾	No transitions anticipated this coming year This preschool to no preschool This preschool to no preschool
2 🔾	This prescribor to no prescribor
3 🔾	This preschool class to another preschool class Continue with Question A24
4 🔾	Preschool to kindergarten

A24. To the best of your knowledge, what school or program and grade level do you anticipate this child will be in next year? PLEASE

CHECK ONE.

		Preschool	Kindergarten	Other
a. Same school as t	this year	1 🔾	2 🔾	(Specify:
b. Different school	next year	1 🔾	2 🔾	(Specify:
c. Don't know		1 🔾	2 🔾	(Specify:
Please write the no this child will atter				if you expect
Name of new scho	ool:			
School address:				
		either an IE	P or IFSP for ch	ildren with disabilities?
PLEASE / CHECK (
	41 1 1 7 777			
Yes, this ch			Continuo with	Question A26
for special of	education ser	rvices. \rightarrow		1 Question A26
for special of No, this ch	education ser ild does not	rvices. \Rightarrow have an IEP	or IFSP. 🔷 (n Question A26 Go to Question B1
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for special of No, this change of Don't known	education ser ild does not v. • Go t	rvices. have an IEP to Question	or IFSP. \rightarrow 0 A28	Go to Question B1
for special of the sp	education serild does not w.	rvices. have an IEP to Question and objectiv	or IFSP. \Rightarrow 0 A28 es addressed in	Go to Question B1 the regular education
for special of the sp	education serild does not v. Go to the Goods are considered to the Goods are consider	rvices. have an IEP to Question and objectiv	or IFSP. \Rightarrow 0 A28 es addressed in	Go to Question B1
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for special of No, this chase of Don't known are this child classroom? PLEASE OBJECTIVES ARE A OO ON Not applicate classroom; O2 O The special the child of With the child of With the child of With the child of With the child of Not applicate classroom;	education serild does not by. Go to the child does not by. Go to the child does not by. Go to the child does not be conspecial task hild hood education to the child does not be conspecial task hild does not be considered.	have an IEP to Question and objective HE ONE THAT and ild's IEP goal ressed elsewhere or aid ass. Lucation teacher of tasks.	es addressed in AT BEST DESCRI a regular educat is are not addressed in a reworks individually and a regular educat is are not addressed in a regular educat is are not addressed in a regular education and a regular education are not addressed in a regular education and a regular education are not addressed in a regular edu	the regular education BES HOW GOALS AND ion classroom. ssed in the regular education and the regular education can be seen to the regular education can be see
for special of No, this chase of No, this chase of No, this chase of Not applications	education serild does not a v. Go to the control of the chiral series and the chiral series are chiral series are chiral series and the chiral series are chiral series are chiral series are chiral series are chiral series and the chiral series are chiral s	have an IEP to Question and objective HE ONE THAT III and is not in a sild's IEP goal ressed elsewing eacher or aid as. In a cation teacher it asks. In a cation teacher it asks. In a cation teacher it asks.	es addressed in AT BEST DESCRI a regular educat is are not addressed in a reworks individually and a regular educat is are not addressed in a regular educat is are not addressed in a regular education and a regular education are not addressed in a regular education and a regular education are not addressed in a regular edu	the regular education the regular education the regular education the child on special tasks.

.27	discuss	than at IEP meetings, how do you and other staff come together to s and plan progress and programs for the children with IEPs in your class?
	01 🔾	a. Staff communicate on an as-needed basis.
	02 🔾	b. We hold regular weekly meetings.
	03 🔾	c. We hold regular biweekly meetings.
	04 🔾	d. We hold regular monthly meetings.
	05 🔾	e. We provide release time or change program hours so that both special education and early childhood teachers can attend meetings regularly.
	06 🔾	f. We hold common inservice meetings and training sessions for regular education and special education staff.
	07 🔾	g. Other (Specify:)
40	brough	rould you characterize the way children with and without disabilities are not together in this child's class or program? PLEASE CHECK ONE. Not applicable—we do not currently have children without disabilities enrolled
		in this class or program.
	01)	Children with and without disabilities are not in contact with one another.
	02 🔾	Classes for children with and without disabilities share common space only (e.g., playground/lunch room).
	03 🔾	Children without disabilities spend part of the day in the classroom for children with disabilities.
	04 🔾	Children with disabilities spend part of the day in a classroom for children without disabilities.
	05 🔾	Children with disabilities spend the entire day in a classroom for children primarily without disabilities.
	06 🔾	Other (Specify:)
	08 🔾	Not sure; don't know.

A29. Does your program support	social interaction	between this chi	ld and
children without disabilitie	s?		

0	Yes. → Continue with Question A30	
0	Not applicable—we do not currently have children without disabilities enrolled in this class or program.	
0	Not applicable—this child does not have contact with children without disabilities during our program.	Go to Question A31
	Not applicable—no support is needed.	
0	No.	

A30. Does your program use any of the following methods to support social interaction between this child and children without disabilities?

PLEASE

CHECK ONE IN EACH ROW.

		Yes	No
a.	We present a specific disability awareness program during group times.	1 🔾	2 🔾
b.	We assign children without disabilities to be "helpers" or "buddies" to this child.	1 🔾	2 🔾
c.	We prompt and reinforce this child for initiating and maintaining interactions with children without disabilities.	1 🔾	2 🔾
d.	We prompt and reinforce the children without disabilities for initiating and maintaining interactions with this child.	1 🔾	2 🔾
e.	We structure play and task situations so that they require interaction between this child and children without disabilities.	1 🔾	2 🔾
f.	Other (Specify:)	1 🔾	2 🔾

A31		ll, how adequate are the supports that are provided to this child because of r disabilities? PLEASE CHECK ONE.
	1 🔾	Very adequate
	2 🔾	Somewhat adequate
	3 🔾	Not very adequate
	4 🔾	Not at all adequate
	8	Don't know
	0 🔾	No support is needed
A32		II, how adequate are the supports and resources that are provided to you for nild because of his/her disabilities? PLEASE CHECK ONE.
	1 0	Very adequate
	2 🔾	Somewhat adequate
	3 🔾	Not very adequate
	4 🔾	Not at all adequate
	8 🔾	Don't know



CHILD BEHAVIOR

REMINDER: "This child	refers to the child	whose name appears	on the label.
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B1 .	How le	ong have you taught	or worked wi	th this c	child? PLE	ASE / CHI	ECK ONE.
	1 🔾	Less than 2 months					
	2 🔾	2 to 6 months					
	3 🔾	More than 6 month	S				
B2.	`	g October of this scho E ENTER THE NUMBER		nany pa	art or full (lays was t	his child present
	Numb	per of days present					
ВЗ.	`	g October of this schools? PLEASE ENTER THE	•	•	ays did yo	ou expect t	this child to be
	Numb	er of days expected					

PRESCHOOL AND KINDERGARTEN BEHAVIOR SCALES

Please rate the child on each of the items on B4 and B5. Ratings should be based on your observations of this child's behavior **during the past 3 months**. The rating points after each item appear in the following format:

0 = Never Child does not exhibit a specified behavior, or you have not had an opportunity to observe it.
 1 = Rarely Child exhibits a specified behavior or characteristic, but only very infrequently.
 2 = Sometimes Child occasionally exhibits a specified behavior or characteristic.
 3 = Often Child frequently exhibits a specified behavior or characteristic.

B4. Social Skills Scale PLEASE ✓ CHECK ONE IN EACH ROW.

Never	Rarely	Sometimes	Often
	1 O 1 O 1 O 1 O	2 O 2 O 2 O 2 O	3 O 3 O 3 O 3 O
0 🔾	1 🔾	2 🔾	3 🔵
	1 O 1 O 1 O 1 O	2 O 2 O 2 O 2 O 2 O 2 O	3 O 3 O 3 O 3 O 3 O 3 O
	1 0		3 🔾
0 🔾	1 🔾	2 🔾	3 🔵
0 0	1 0	2 0	3 O 3 O
0 🔾	1 🔾	2 🔾	3 🔵
0 0	1 0	2 0	3 O 3 O 3 O
0 0	1 0	2 0	3 🔾

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continued >

Never	Rarely	Sometimes	Often
	1 O 1 O 1 O 1 O	2 O 2 O 2 O 2 O 2 O	3 O 3 O 3 O 3 O
0 0	1)	2 🔾	3 🔾
0 O 0 O	1 O 1 O 1 O	2 0 2 0	3)
0 0	1 0	2 0	3 🔾
0 0	1 0	2 🔾	3 🔾

B5. Problem Behavior Scale PLEASE CHECK ONE IN EACH ROW.

Never	Rarely	Sometimes	Often
0 🔾	1 🔾	2 🔾	3 🔾
0 🔾	1 🔾	2 🔾	3 🔵
0 🔾	1 🔾	2 🔾	3 🔵
0 🔾	1 🔾	2 🔾	3 🔵
0 🔾	1 🔾	2 🔾	3 🔾
0 🔾	1 🔾	2 🔾	3 🔾
0 🔾	1 🔾	2 🔾	3
0 🔾	1 🔾	2 🔾	3 🔵
0 🔾	1 🔾	2 🔾	3 🔵
0 🔾	1 🔾	2 🔾	3 🔾
0 🔾	1 🔾	2 🔾	3 🔾
0 0	1 🔾	2 🔾	3 🔵
0 🔾	1 🔾	2 🔾	3
0 0	1 🔾	2 🔾	3 🔾
0	10	2 🔾	3 🔾
			5

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continued >

Never	Rarely	Sometimes	Often
	1 O 1 O 1 O 1 O	2 O 2 O 2 O 2 O 2 O	3 O 3 O 3 O 3 O
	1 O 1 O 1 O 1 O	2 0 2 0 2 0 2 0	3 O 3 O 3 O 3 O
	1 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O 1 O	2 O 2 O 2 O 2 O 2 O 2 O 2 O 2 O 2 O 2 O	3 O 3 O 3 O 3 O 3 O 3 O 3 O 3 O 3 O 3 O
	1 O 1 O 1 O 1 O	2 0 2 0 2 0 2 0	3 O 3 O 3 O 3 O
	1 O 1 O 1 O 1 O	2 O 2 O 2 O 2 O 2 O	3 O 3 O 3 O 3 O
0 0	1 0	2 0	3)

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GROSS AND FINE MOTOR SKILLS

The Vineland Motor Skills checklist is divided into two domains: (1) gross motor and (2) fine motor. After reading the item, decide whether or not you have actually observed situations in which the child performed the activity. If you have observed the child in the situation, then select a rating from one of the *OBSERVED* performance columns. If you haven't, or if you are unsure, then select a rating from one of the *ESTIMATED* performance columns. Please note that there is no penalty for selecting the *Estimated* performance columns over the *Observed* performance columns.

Select a rating that best describes what you have observed or estimate the child does. Be careful not to make a rating based on what you think the child can or could do if given the opportunity.

Items with multiple activities (e.g., screws and unscrews jar lids; marks with pencil, crayon, or chalk) require special attention. Items with AND require that both activities be performed by the child. Items with OR require only one of the activities be performed by the child.

Check USUALLY if the child satisfactorily and habitually performs the activity.

Check *SOMETIMES OR PARTIALLY* if the activity is in an emergent or transitional state, if the activity is only sometimes performed with complete success, or if only part of the activity is performed with complete success.

Check *NEVER* if the child does not or seldom performs the activity, or if limiting circumstances (e.g., physical limitation or sensory impairment) prevent the performance of the activity.

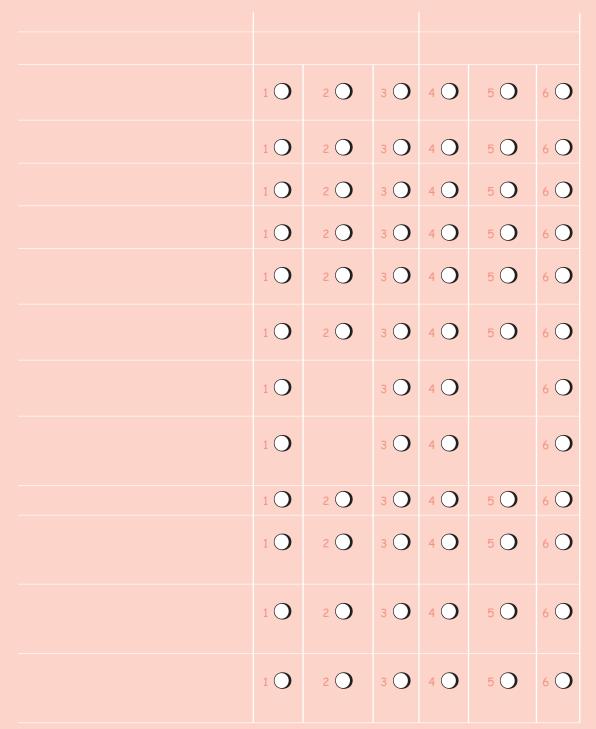
Please be sure to check one circle in each row. Leaving a row blank will invalidate the child's score.

B6. Gross Motor PLEASE **JONE** IN EACH ROW.

1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾

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continued >



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B7. Fine Motor PLEASE **ONE** IN EACH ROW.

	1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
	1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
	1 🔾		3 🔾	4 🔾		6 🔾
	1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
	1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
	1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
	1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
	1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
	1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
	1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
	1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
	1 🔾	2 🔾	3 🔵	4 🔾	5 🔾	6 🔾
	1 🔾	2 🔾	3 🔾	4 🔾	5 🔾	6 🔾
Vineland Adaptive Behavior Scales Classroom Edition Questionnaire. Motor Skills Domain by Sara Sparrow. David Balla.						

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Please continue with Section C: "About You" on the next page. →

ABOUT YOU

C1 .	 About how many years have you been working with children ages 3 through 5 and children with disabilities? PLEASE GIVE YOUR BEST ESTIMATE. a. Number of years working with children ages 3 through 5 	 Very likely Somewhat likely Somewhat unlikely Very unlikely
C2.	 b. Number of years working with children with disabilities c. Number of years working with children ages 3 through 5 with disabilities About how many years have you been in your current job? PLEASE GIVE YOUR BEST ESTIMATE. 	 C6. Which of the following best represents your views on the education of children ages 3 through 5 with disabilities (regardless of the type of class or school you work in)? PLEASE ✓ CHECK ONE. 1 Children with disabilities should be taught full time in separate classrooms that are specially designed and programmed for children with disabilities. 2 Children with disabilities should be taught in special classrooms but should have some time each day to socialize with children who do not have disabilities.
C3.	Number of years in current job Which of the following employee benefits are provided as part of your job? PLEASE CHECK ALL THAT APPLY. 1	The child's placement should depend on the severity or type of disability. All children with disabilities should be taught full time in regular early childhood classrooms. Other (Specify:
C4.	6	PLEASE CHECK ONE IN EACH ROW. PLEASE DO NOT MARK BETWEEN THE CIRCLES. Not at all prepared a. Preparation to work with children ages 3 through 5 with disabilities b. Preparation to work with families of children ages 3 through 5 with disabilities o 1 2 3 4 5 6

Extremely well prepared

C5. How likely are you to continue working in your current job through the next school year? PLEASE

CHECK ONE.

Below are listed a variety of disciplines in which early childhood professionals might hold degrees, certificates, or licenses. Please use the codes next to each discipline to answer Questions C8 and C9.

Code	Discipline	Code	Discipline
01	Audiology	10	Occupational therapy
02	Child development	11	Orientation/mobility
03	Elementary/secondary education	12	Physical therapy
04	Early childhood education	13	Psychology
05	Early childhood special education	14	Public health
06	Family therapy/counseling	15	Social work
07	Medicine	16	Special education
08	Nursing	17	Speech/language pathology
09	Nutrition	18	Other (Specify:)

C8. Please check each kind of degree you have received. Then, using the discipline codes above, please write in the discipline(s) or subject area(s) of your degree(s). PLEASE

CHECK AND WRITE IN ALL THAT APPLY.

1 🔾	High school diploma or GED		
2 🔾	Associate degree	Discipline code(s)	
3 🔾	Bachelor's degree	Discipline code(s)	
4 🔾	Master's degree	Discipline code(s)	
5 🔾	Doctoral degree	Discipline code(s)	

C 9.	_	-	•		_			ne space pro edential, or		•
Profe	essional	license(s)	, credentia	l(s), or	certificat	e(s) held				
C 10.	specific	cally with Yes No	~	ages 3				ing or prep ties? PLEAS		
C 11.	specific	cally with Yes No		of chile				ing or prep EASE √ CH		work
C 12.		, sibling) Yes	n immediat ? PLEASE ⊌	_		er with a	ı disabi	lity (e.g., a	spouse, chi	ld,
	_	s your go Female Male	ender? PLEA	ASE 🗸	CHECK O	NE.				
C 14.	Are you	u Hispan Yes No	ic or Latin	o? PLE,	ASE 🗸 CH	HECK ON	Ē.			

C15	. What	is your race? PLEASE CHECK ALL THAT APPLY.
	1 🔾	a. American Indian or Alaska Native
	2 🔾	b. Asian
	3 🔾	c. Black or African American
	4 🔾	d. Native Hawaiian or Other Pacific Islander
	5 🔾	e. White
C 16	. What	is your age? PLEASE CHECK ONE.
	1 🔾	20 years old or younger
	2 🔾	21 to 30 years old
	3 🔾	31 to 40 years old
	4 🔾	41 to 50 years old
	5 🔾	51 to 60 years old
	6 🔾	More than 60 years old
C17		ant to know what you think about special education for young children. space provided, please print any suggestions or concerns you have regarding
	the pr	rovision of special education services for young children. (Be assured that your rs will be confidential.)

Please continue with Section D. ->



- **1.** Section D of the questionnaire is to be completed **only** for children with IEPs or 504 plans. Does this child have an IEP or 504 plan?
 - YES, this child DOES have an IEP or 504 plan. Please continue with next question.
 - NO, this child does NOT have an IEP or 504 plan. Please go to page 37 of this questionnaire.
- **2.** Section D is to be completed by the teacher or specialist most familiar with the child's special education and related services. Can you describe this child's special services?
 - YES. Please continue with Section D on the next page.
 - NO. Please remove Section D and give it to the person who you feel could best answer questions about this child's special education or related services. Please provide this person's name and phone number below. When this person completes Section D, please have him or her return it directly to Westat using the self-mailer.

Name:	
Phone: ()

Thank you for completing this questionnaire.

Date Completed:// mm dd yy	Please provide your name and contact information below, so that we can reach you if we have questions.
Your Name:	
School/Program Name:	
Address:	
Phone: ()	
Email:	

Please continue to the back cover.





Pection D:

SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES



Pre-Elementary Education Longitudinal Study

Early Childhood Teacher Questionnaire

Dear Early Childhood Professional:

Your school district is participating in an important U.S. Department of Education study called the Pre-Elementary Education Longitudinal Study (PEELS). The child named on the label is one of more than 3,000 children nationwide who are taking part in PEELS. This questionnaire is the only source of information about this child's special education and related services. Because of this, your participation is vitally important.

Please complete Section D of this questionnaire and return it in the self-mailer within 3 weeks. To use the self-mailer, simply fold the questionnaire in half, affix the seal to secure it, and drop it in your mailbox. Be assured that your answers will be confidential, and no information will be reported that identifies you, this child, or this school.

In completing this questionnaire, you may need to refer to the child's most recent Individualized Education Program (IEP). If you have any questions about the study or the questionnaire, please feel free to call the PEELS toll-free hot line at 1-888-534-8348, send an email to *questions@peels.org*, or visit the PEELS web site at *www.peels.org*.

Thank you in advance for your contribution to this very important study.

Sincerely

Elaine Carlson

Project Director, PEELS

Call the PEELS toll-free hot line: 1-888-534-8348

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0656. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** US Department of Education, Washington, D.C. 20202-4651. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to:** Office of Special Education Programs, US Department of Education, Switzer Building, Room 4622, 330 C Street, SW, Washington, D.C. 20202-4651.

OMB Control # 1820-0656, Expiration date: 11/30/04

Section D.

SPECIAL EDUCATION PROGRAMS AND RELATED SERVICES

REMINDER: "This child" refers to the child whose name appears on the label.

D1 .	What are this child's disabilities?	
	DIFACE CHECK ALL THAT ADDLY THE	

PLEASE

CHECK ALL THAT APPLY IN COLUMN A.

PLEASE

CHECK ONE PRIMARY DISABILITY IN COLUMN B.

	A All disability categories applicable to this child Check all that apply	B This child's primary disability category Check one
a. Autism	01 🔾	01 🔾
b. Deaf/blindness	02 🔾	02 🔾
c. Deafness	03 🔵	03 🔵
d. Developmental delay	04 🔾	04 🔾
e. Emotional disturbance/behavior disorder	05 🔾	05 🔾
f. Hearing impairment	06 🔾	06 🔾
g. Learning disability	07 🔾	07 🔾
h. Mild mental retardation	08 🔾	08 🔾
i. Moderate/severe mental retardation	09 🔾	09 🔾
j. Multiple disabilities	10 🔾	10 🔾
k. Orthopedic impairment	11 🔾	11 🔾
l. Other health impairment	12 🔾	12 🔾
m. Speech or language impairment	13 🔾	13 🔾
n. Traumatic brain injury	14 🔾	14 🔾
o. Visual impairment/blindness	15 🔾	15 🔾
p. Other (Specify:)	16 🔾	16 🔾
q. Not sure	98 🔾	98 🔾

D2.	2. Does this child use any medical devices that require school staff attention duri		
	any part of the school day? (Medical devices could include suctioning equipment		
	oxygen, catheters, etc. Do not include nonmedical devices, such as communication		
	devices, electronic equipment, etc.) PLEASE CHECK ONE.		

	Ye
\sim	

	ът
2	No



D3. Were any of the following services provided to this child through the school system during the current school year? *Include services the school contracted from other agencies*. PLEASE CHECK ONE IN EACH ROW.

	Yes	No	Don't know
a. Adaptive physical education	1 🔾	2 🔾	8 🔾
b. Assistive technology services/devices	1 🔾	2 🔾	8 🔾
c. Audiology	1 🔾	2 🔾	8 🔾
d. Augmentative or alternative communication system	1 🔾	2 🔾	8 🔾
e. Behavior management program	1 🔾	2 🔾	8 🔾
f. Health services (e.g., administering of medication, oxygen, tracheostomy care, tube feeding, catheterization)	1 🔾	2 🔾	8 🔾
g. Instruction in American Sign Language	1 🔾	2 🔾	8 🔾
h. Instruction in Manual English or Cued Speech	1 🔾	2 🔾	8 🔾
i. Instruction in Braille	1 🔾	2 🔾	8 🔾
j. Learning strategies/study skills assistance by a special educator	1 🔾	2 🔾	8 🔾
k. Mental health services, personal/group counseling, therapy, or psychiatric care provided to this child	1 🔾	2 🔾	8 🔾
l. Occupational therapy	1 🔾	2 🔾	8 🔾
m. One-to-one para-educator/assistant (e.g., teacher aide, nurse's aide, full-inclusion assistant, behavioral assistant)	1 🔾	2 🔾	8 🔾
n. Physical therapy	1 🔾	2 🔾	8 🔾
o. Reader or interpreter	1 🔾	2 🔾	8 🔾
p. Service coordination/case management	1 🔾	2 🔾	8 🔾
q. Social work services	1 🔾	2 🔾	8 🔾
r. Special transportation because of disability (e.g., help in travel or special equipment such as lifts, ramps)	1 🔾	2 🔾	8 🔾
s. Specialized computer software or hardware	1 🔾	2 🔾	8 🔾
t. Speech or language therapy	1 🔾	2 🔾	8 🔾
u. Training, counseling, and other supports/ services provided to this child's family	1 🔾	2 🔾	8 🔾
v. Tutoring/remediation by a special education teacher	1 🔾	2 🔾	8 🔾
w. Vision services	1 🔾	2 🔾	8 🔾
x. Other (Specify:)	1 🔾	2 🔾	8 🔾

D4.	In which of the following settings does this child receive special education and related services? Please think about all the settings in which this child receives services. PLEASE CHECK ONE IN EACH ROW.			
		Yes	No	Don't know
	a. Early childhood classroom (regular education)	1 🔾	2 🔾	8 🔾
	b. Early childhood special education classroom	1 🔾	2 🔾	8 🔾
	c. Therapy site for special services outside the classroom	1 🔾	2 🔾	8 🔾
	d. Outpatient medical service facility, clinic, or therapy site	1 🔾	2 🔾	8 🔾
	e. Child's home	1 🔾	2 🔾	8 🔾
	f. Someone else's home (e.g., a babysitter)	1 🔾	2 🔾	8 🔾
	g. Other (Specify:)	1 🔾	2 🔾	8 🔾
	PLEASE CHECK UP TO THREE. 1	rea:)
D6.	Which of the following best describes the amount of programs this school year with regard to the goals specified in the IF. This child has made: Much more progress than expected More progress than expected As much progress as expected Less progress than expected Much less progress than expected Don't know			

- IF YOU COMPLETED SECTIONS A,B, and C, please go to back cover.
 IF SOMEONE ELSE COMPLETED SECTIONS A,B, and C, please continue with Question D7.

D 7 .	In what capacity (or capacities) are you involved with this child? PLEASE CHECK ALL THAT APPLY.
	on O a. Provide instruction directly to this child
	b. Provide related services directly to this child
	os O c. Provide consultation services to this child's teacher(s)
	04 O d. Provide case management (e.g., program monitoring) for this child
	os O e. Program administrator or supervisor
	of O f. Supervise instructional assistant or para-educator
	assigned to work with this child
	o7 O g. Other (Specify:)
D8.	What are your main roles in this school or program?
	PLEASE J CHECK ALL THAT APPLY.
	on O a. Early childhood teacher, not special education
	oz O b. Special education teacher
	os O c. Related service provider (e.g., speech therapist)
	04 O d. Program specialist (e.g., full inclusion specialist)
	os O e. Case manager/service coordinator
	of O f. School psychologist
	o7 O g. School counselor
	os O h. Other (Specify:)

D9.	We want to know what you think about special education for young children. In the space provided, please print any suggestions or concerns you have regarding the provision of special education services for young children. (<i>Be assured that your answers will be confidential.</i>)		

Date Completed:// mm dd yy	Please provide your name and contact information below, so that we can reach you if we have questions.
Your Name:	
School/Program Name:	
Address:	
Phone: ()	
Email:	

Please continue to the back cover.

Thank you for completing this questionnaire.

When you have completed this portion of the questionnaire, please seal it with the label below and place it in your local mailbox.





"because **all** children should **count**..."
read, learn, grow, and have friends..."
PEELS 7745.02.04



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